# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **Provider ID:** | **1-160069** | | |
| **Home Name:** | **Vicenta Cadelina, CNA** | **Review ID:** | **1-160069-8** |
| 94-337 Loaa Place | | Reviewer: | Maribel Nakamine |
| Waipahu HI 96797 | | Begin Date: | 8/10/2021 |

**Foster Family Home** **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.
Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

**Foster Family Home** **Personnel and Staffing** **[11-800-41]**

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

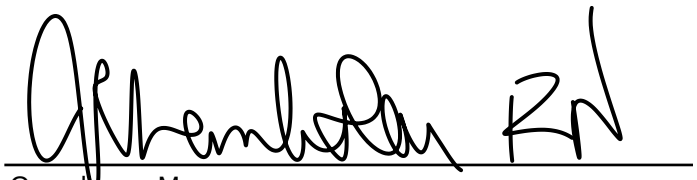
41.(b)(7) TB clearance is expired for CG # 2, and HHM # 3 and 4

**Foster Family Home** **Quality Assurance** **[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.



Compliance Manager

8/10/21

Date

Primary Care Giver

8/10/21

Date